

Best Available Copy

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

10/018158

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2		1		1		1	
3		2		2		2	
4		2		2		2	
5		3		3		3	
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50							
TOTAL IND.	1		1		1		
TOTAL DEP.	8		5		5		
TOTAL CLAIMS	9		6		6		

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS